

# CLASS B VOLUNTEER REGISTRATION



Please complete front & back

**Class B Volunteers (aka Day of Event Volunteers)** are volunteers who only have limited contact with athletes accompanied by coaches and chaperones. Volunteers with more intensive activities and responsibilities should complete Class A Volunteer registration.

You can:

1. Complete this form in advance of your volunteer experience and bring it to the event, or
2. Complete this form at the check-in table at your event

Special Olympics State Program: South Dakota

<b>VOLUNTEER INFORMATION</b>		
<b>First Name:</b>	<b>Last Name:</b>	
<b>Date of Birth (mm/dd/yyyy):</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Postal Code:</b>
<b>Phone:</b>	<b>E-mail:</b>	
<b>Sports/Activities:</b>		
<b>Race/Ethnicity (Optional):</b>		
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Two or More Races
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino (specific origin group: _____)	
<b>Language(s) (Optional):</b> Mark all that apply		
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other (please list):
<b>PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)</b>		
<b>Name:</b>		
<b>Relationship:</b>		
<input type="checkbox"/> Same a contact information above		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Postal Code:</b>
<b>Phone:</b>	<b>E-mail:</b>	
<b>EMERGENCY CONTACT INFORMATION</b>		
<input type="checkbox"/> Same as Parent/Guardian		
<b>Name:</b>		
<b>Phone:</b>		
<b>Relationship:</b>		

# CLASS B VOLUNTEER REGISTRATION



I agree to the following

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.
2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games/local organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") and Special Olympics partners and sponsors to use my likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics, raise funds for Special Olympics, and acknowledge partners' and sponsors' support for Special Olympics.
3. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf.
4. **Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information").
  - I agree and consent to Special Olympics:
    - using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
    - using my personal information for communications and marketing purposes, including direct digital marketing through email, text message, and social media.
    - sharing my personal information with (i) researchers, such as universities and public health agencies, that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law
  - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.
  - *Privacy Policy.* Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at [www.SpecialOlympics.org/Privacy-Policy.aspx](http://www.SpecialOlympics.org/Privacy-Policy.aspx)
5. **Waiver and Liability Release.** I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. I hereby release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, and other participants ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the Releasees. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

<b>Name:</b>	
<b>VOLUNTEER SIGNATURE</b> (required for adult with capacity to sign legal documents)	
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.	
<b>Volunteer Signature:</b>	<b>Date:</b>
<b>PARENT / GUARDIAN SIGNATURE</b> (required for participant who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the participant. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.	
<b>Parent / Guardian Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Relationship:</b>

# LIFE ENHANCEMENT ASSISTANCE PROGRAM (LEAP) APPLICATION FORM

**“Take a LEAP!! Join your fellow participants at our next Special Olympics event”**

**Instructions:** LEAP will be used to reimburse struggling or new start-up Local Programs for lodging expenses related to specific events. To receive funding from LEAP, a Local Program must be outside of a 30 mile radius of the site of the state competition. The Local Program is required to submit this LEAP Application Form with proper documentation (copies of receipts) of lodging expenses incurred related to the approved event. Participants and chaperones (at a 1 chaperone to 4 athlete ratio) will qualify for reimbursement. Upon receipt of documentation, SOSD will reimburse Local Programs at a rate of \$10 per athlete and chaperone per night. All documentation must be submitted to SOSD within 30 days of the completion of the state event.

**State Summer Games is exempt from “LEAP” reimbursement since SOSD provides housing to delegations at no cost.**

**Name of Delegation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Head of Delegation (HOD):** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
please print

**Mailing Address:** \_\_\_\_\_

**Event:** \_\_\_\_\_ **Host City:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Number of athletes for reimbursement:** \_\_\_\_\_

**Number of chaperones for reimbursement:** \_\_\_\_\_

**Total number for reimbursement:** Box A

**Box A**  **X Total # of nights stayed by delegation**  **X \$10 =**  **\$**  **Total expenses requested\*\***

**\*\*Reimbursements of any amount are based upon available LEAP funds**

**SIGNATURE of HOD completing submission:** \_\_\_\_\_

**Please attach room rosters and paid receipts to this Application Form and mail to:**

Special Olympics South Dakota  
 Attn: LEAP Program  
 800 E. I-90 Lane  
 Sioux Falls, SD 57104  
 Or  
 Email to: Forms@sosd.org

**For Office Use Only:** Approved Amount \$ \_\_\_\_\_ Date check sent: \_\_\_\_\_

If denied, reason: \_\_\_\_\_

## LAW ENFORCEMENT TORCH RUN ATHLETE NOMINATION APPLICATION FORM

800 E. I-90 Lane • Sioux Falls, SD 57104 • 605.331.4117 • 1.800.585.2114

<b>Athlete</b>	Name: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Age: _____
	E-mail: _____
	Mailing Address: _____ City: _____ Zip: _____
	Phone: _____ Years in SO: _____

<b>Parent/Guardian</b>	Name: _____
	Mailing Address: _____ City: _____ Zip: _____
	Phone: _____ E-mail: _____

<b>Self Help Skills</b>	#1 = completely dependent on others. #5 = completely independent					
	Meals:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5
	Dressing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5
	Personal Hygiene:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5
	Traveling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5
	Does this athlete do the following:					
	Yes	No	Describe Assistance Needed			
Swim	<input type="checkbox"/>	<input type="checkbox"/>	NA			
Smoke	<input type="checkbox"/>	<input type="checkbox"/>	NA			
Express self verbally	<input type="checkbox"/>	<input type="checkbox"/>				
Follow instructions	<input type="checkbox"/>	<input type="checkbox"/>				
Speak in front of people	<input type="checkbox"/>	<input type="checkbox"/>				
Take medication independently	<input type="checkbox"/>	<input type="checkbox"/>				

Physical		Poor	Average	Above Average
	Strength:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Speed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Coordination:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	General Fitness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation	Parent / Guardian
	<p>Tell us why this athlete would be a good candidate to participate in the Torch Run:</p>          <p>_____</p> <p>Parent / Guardian Signature                      Date</p>

Recommendation	Coach
	<p>Tell us why this athlete would be a good candidate to participate in the Torch Run:</p>          <p>_____</p> <p>Coach Signature                                      Date</p>

Recommendation	Torch Run Officer
	<p>Tell us why this athlete would be a good candidate to participate in the Torch Run:</p>          <p>_____</p> <p>Officer Signature                                      Date</p>

Michelle Paulsen  
800 E. I-90 Lane  
Sioux Falls, SD 57104  
E-Mail: <mailto:mpaulsen@sosd.org>

## EVENT INFORMATION / NOTIFICATION FORM

Reporting the requested information to the State Office serves two purposes:

- 1) It keeps us in the know of events occurring across the state using the Special Olympics name.
- 2) It alerts us to situations and events which may require us to request a certificate of insurance form.

Name of Delegation: \_\_\_\_\_

Type of Event:

Competition

Demonstration/Clinic

Fundraiser

Appreciation

Other: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Event Location: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Approximate # of Athletes/Coaches Attending: \_\_\_\_\_

Approximate # of Public Attending: \_\_\_\_\_

Please complete and return this form prior to scheduling or advertising your event to:

[forms@sosd.org](mailto:forms@sosd.org)

# Volunteer Roster

**FORM L**  
Revised 12/2025

**School/Agency:** \_\_\_\_\_

**Event:** \_\_\_\_\_

This form is required for all Local, Area, and State Games. All Special Olympics volunteer applicants (Class A) who have regular, close physical contact with athletes; are in a position of authority or supervision of athletes; are in a position of trust of athletes; and/or handle substantial amounts of cash or other assets of athletes, are subject to mandatory background / motor vehicle checks initiated and paid for by SOSD. **Form E (Class A Volunteer Application) must be on file at the State Office.** Examples of Class A volunteers includes, but are not limited to Coaches, Chaperones, and adult Unified Partners.

**All volunteers appearing on this roster must be at least 16 years of age and cleared by SOSD before attending an event.**

- **DO NOT LIST UNIFIED PARTNERS ON THIS FORM**
- **ONLY LIST EACH PERSON ONCE**

**HOD:** This describes a person over seeing an entire delegation and has completed Level 1 and 2 Coaches Training Courses (**One person per delegation**).

**Head Coach:** This describes a person who trains athletes, leads teams and has completed Level 1 and 2 Coaches Training Courses. (**Unified Head Coaches must complete these plus Coaching Unified Sports**).

**Coach:** This describes a person who trains athletes, leads teams and has completed Level 1 Coaches Training Course. (**Unified Coaches must complete these plus Coaching Unified Sports**).

**Chaperone:** This describes someone who supervises athletes. A Chaperone CANNOT coach athletes.

The maximum Coach/Chaperone: Athlete ratio is 1:1  
The minimum Coach/Chaperone: Athlete ratio is 1:4

<b>Area / State:</b> Put an X in the box indicating which event(s) each volunteer will be attending					
<b>HOD (Level 2 certified)</b>		<b>Area</b>	<b>State</b>	<b>Chaperone (Include Minors)</b>	
1.				<b>DO NOT List Unified Partners</b>	<b>Area</b>
				1.	<b>State</b>
<b>Head Coach (Level 2 certified)</b>		<b>Area</b>	<b>State</b>	2.	
1.				3.	
2.				4.	
3.				5.	
4.				6.	
5.				7.	
6.				8.	
7.				9.	
8.				10.	
9.				11.	
10.				12.	
11.				13.	
12.				14.	
<b>Coach (Level 1 certified)</b>		<b>Area</b>	<b>State</b>	15.	
1.				16.	
2.				17.	
3.				18.	
4.				19.	
5.				20.	
6.				21.	
7.				22.	
8.				23.	
9.				24.	
10.				25.	
11.				26.	
12.				27.	
13.					

# Certificate of Training / Acknowledgment of Policies

## Certificate of Training

One copy of this form is required for each State Event in which you are registering, i.e. one for Basketball, one for the Fall Classic, one for Summer Games.

Date of Event: \_\_\_\_\_

Sport: \_\_\_\_\_

I confirm that the athletes from: \_\_\_\_\_

- Have fulfilled the minimum hours of training for the above sport
- Began training at least 8 (eight) weeks prior to this competition
- Have met all requirements of Special Olympics South Dakota

### Minimum Training Requirements

Bowling	Bowl a minimum of five (5) 3-game series or a total of 15 games over a minimum of 8 weeks.
Basketball	A minimum of 15 hours over a minimum of 8 weeks.
Powerlifting	A minimum of 15 hours over a minimum of 8 weeks.
Summer Games	A minimum of 15 hours over a minimum of 8 weeks. The number of hours required would be divided among the number of sports in which you are participating; for example: 3 sports - 5 hours per sport / 2 sports - 7.5 hours per sport / 1 sport - 15 hours
Equestrian	A minimum of 15 hours over a minimum of 8 weeks.
Fall Classic	A minimum of 15 hours over a minimum of 8 weeks. The number of hours required would be divided among the number of sports in which you are participating; for example: 2 sports - 7.5 hours per sport / 1 sport - 15 hours

## Sports Specific Handbooks

By signing below, I acknowledge I have read and understand the rules of the sport(s) being contested.

## Acknowledgment of Policies

By signing below, I acknowledge I have read, understand, and am abiding by the following policies set forth by Special Olympics South Dakota:

### *These policies can be found in Section A of the Competition Guide:*

- 15 Passenger Van Use Policy
- Sub Program Request for Merchandise Procedures
- Volunteer Screening Policy
- Athlete Housing Policy
- Insurance Information
- Social Media Policy
- Service Animal Policy
- Concussion Awareness and Safety Recognition Policy
- Coaches Education
- Delegation Financial Accounts & Assets
- Interpreter Policy

\_\_\_\_\_  
Head of Delegation Signature

\_\_\_\_\_  
Date